

ACORD INSURANCE BINDER

OP ID JA

DATE
04/29/05

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Supino Insurance Agency, Inc. 1012 Eastern Ave/Rt 60 Malden MA 02148 Supino Insurance Agency, Inc.		PHONE (A/C, No, Ext): 781-322-2800 781-321-2414	COMPANY Vermont Mutual	BINDER # 3533
CODE: 20023 AGENCY CUSTOMER ID: BUCCME1 INSURED Melissa Jean Buccì Anthony Buccì 26 Upland Rd Wakefield MA 01880		EXPIRATION DATE TIME DATE TIME 04/29/05 12:01 PM 05/29/05 12:01 AM X THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: H01 0012225		
		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) H03 Policy Period 04/02/05 - 04/02/06		

COVERAGES

TYPE OF INSURANCE		COVERAGE/FORMS	DEDUCTIBLE	COINS %	LIMITS AMOUNT
PROPERTY	CAUSES OF LOSS BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input checked="" type="checkbox"/>	A. Dwelling B. Other Structures C. Personal Property E. Pers Liability Ea Occur	500	150	412000 41200 288400 500000
GENERAL LIABILITY			EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$		
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$		
AUTO PHYSICAL DAMAGE		ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/>	ACTUAL CAS STATED AMC OTHER		
GARAGE LIABILITY			AUTO ONLY - EA AC OTHER THAN AUTO EACH AC AGGR		
EXCESS LIABILITY			EACH OCCURRENCE AGGREGATE SELF-INSURED RETEN		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY			WC STATUTORY E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
SPECIAL CONDITIONS/ OTHER COVERAGES			FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$		

NAME & ADDRESS

Clerk, US District Court 1 Court House Way Boston MA	MORTGAGEE <input type="checkbox"/>	ADDITIONAL INSURED <input type="checkbox"/>
	X LOSS PAYEE <input checked="" type="checkbox"/>	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Supino Insurance Agency, Inc.	